Pharmaceutical Operations

733.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the procedures and protocols under which the facility must manage a pharmaceutical operation in order to comply with federal, state and local laws that govern prescribing and administering medication.

733.1.1 DEFINITIONS

Definitions related to this policy include:

Administration - The act of giving a single dose of a prescribed drug or biological substance to an inmate. Administration is limited to qualified health care professionals and health-trained custody staff members in accordance with state law (RCW 70.48.490).

Controlled substances - Medications classified by the Drug Enforcement Administration (DEA) as Schedule II-IV (21 USC § 812).

Delivery - The act of providing a properly labeled prescription container (e.g., a dated container that includes the name of the individual for whom the drug is prescribed, the name of the medication, dose and instructions for taking the medication, the name of the prescribing healthcare professional and expiration dates). Under these circumstances, a single dose at a time can be delivered to the inmate, according to the written instructions, by any qualified health care professional or health-trained custody staff member under the provisions of RCW 70.48.490.

Dispensing - Those acts of processing a drug for delivery or administration to an inmate pursuant to the order of qualified health care professionals. Dispensing consists of:

- Comparing directions on the label with the directions on the prescription or order to determine accuracy.
- Selection of the drug from stock to fill the order.
- Counting, measuring, compounding or preparing the drug.
- Placing the drug in the proper container and affixing the appropriate prescription label to the container.
- Adding any required notations to the written prescription.

Dispensing does not include the acts of distributing, delivery or administration of the drug. The function of dispensing is limited to pharmacists and qualified health care professionals.

Distributing - The movement of a drug, in the originally labeled manufacturer's container or in a labeled pre-packaged container, from the pharmacy to a health care services area.

Dose - The amount of a drug to be administered at one time.

Drug - An article recognized in the United States Pharmacopoeia and National Formulary (USP-NF), the Homeopathic Pharmacopoeia of the United States or any supplement that is intended for

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use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. A substance, other than food, intended to affect the structure or any function of the human body.

Pharmaceutical operations - The functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the correctional facility, the monitoring of inmate drug therapy and the provision of inmate/patient drug information.

733.2 POLICY

It is the policy of this office that pharmaceutical operations meet all federal, state and local legal requirements and be sufficient to meet the needs of the facility population.

The Chief Deputy of Corrections or the Sheriff shall consult with one or more pharmacists and one or more licensed physicians or nurses in the course of developing the procedures related to this policy. A copy of the current policy regarding medication management will be provided to the Washington Association of Sheriffs and Police Chiefs (RCW 70.48.490).

733.3 PHARMACEUTICAL OPERATIONS

(a) The contract medical provider, in conjunction with the pharmacist, shall establish a list of all prescription and non-prescription medications available for inmate use.

1. Drugs approved for use in the facility should promote safe, optimum and cost-efficient drug therapy.
2. The list should be periodically updated.

(b) The contract medical provider, in conjunction with the pharmacist, shall ensure appropriate medication storage, handling and inventory control.

(c) The contract medical provider shall inspect the pharmaceutical operation quarterly and regularly review charts on medication utilization.

(d) The contract medical provider shall be responsible for establishing and maintaining a system for the secure storage and accountability of all controlled substances, syringes and needles. A count of syringes, needles and controlled substances shall be taken and verified as correct and documented at the change of each shift by two qualified health care professionals. An incorrect count shall be reported immediately to the Shift Supervisor. Medications shall be stored under proper conditions of security, segregation and environmental control at all storage locations.

1. Medication shall be accessible only to legally authorized persons.
2. Medication and device cabinets (stationary or mobile) shall be closed and locked when not in use.
3. Controlled substances shall be stored and handled in accordance with DEA regulations.
4. Medication requiring refrigeration shall be stored separately, either in a refrigerator that is locked or in a refrigerator that is in a locked room and is used exclusively for medication and medication adjuncts. The inside temperature of

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this refrigerator shall be maintained between 36 and 46 degrees. The inside temperature shall be monitored and recorded daily on a refrigerator temperature log.

5. Antiseptics and other medications for external use shall be stored separately from internal and injectable medications.

(e) Medication shall be kept in pharmacist-packaged or the original manufacturer's labeled containers. Medication shall only be removed from these containers to prepare a dose for administration. Drugs dispensed to inmates who are off grounds or are being discharged from the facility shall be packaged in accordance with the provisions of the federal packaging laws (15 USC § 1471 et seq.) and any other applicable state and federal law.

(f) Medication shall be properly labeled with the label firmly affixed to the prescription package. Each label shall indicate the name, address and telephone number of the dispensing pharmacy, in addition to:

1. The medication name, strength, quantity, manufacturer, manufacturer's lot number or internal control number and expiration date.

2. Directions for use, dispensing date and drug order expiration date. Accessory or cautionary labels shall be applied as appropriate.

3. In cases where a multiple dose package is too small to accommodate the prescription label, the label may be placed on an outer container into which the multiple dose packages are placed.

(g) Medication that is outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued or obsolete shall be stored in a separate secure storage area and disposed of in accordance with the following requirements:

1. Controlled substances shall be disposed of in accordance with the state and federal regulations.

2. Unused, outdated or discontinued doses or excess inventories of non-controlled drugs that have not been in the possession of the inmate shall be returned to the pharmacy for disposition.

3. Returned, non-controlled substances that have been in the possession of the inmate, unclaimed personal medication collected at intake or individual doses of medication removed from the original pharmacy packaging shall be destroyed at the facility by health services staff and placed in the medical waste disposal system.

4. Pharmaceutical waste shall be separated from other types of medical waste for handling and disposal purposes, and will be discarded in designated containers distinctly identified for medical waste.

(h) All medication preparation, storage and administration areas shall be clean, organized, illuminated, ventilated and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to inmates shall be stored in a locked room that meets similar requirements.

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(i) Current drug reference information, such as a Physician’s Desk Reference (PDR) or an approved website, shall be available to staff.

(j) An annual report on the status of the pharmaceutical operation will be prepared by the pharmacist and provided to the Responsible Physician and the Chief Deputy of Corrections.

733.4 PRESCRIBING MEDICATIONS

All medications shall be prescribed in a safe and effective manner for clinically appropriate reasons and documented in the individual patient medical record. Records shall be retained in accordance with established records retention schedules.

(a) Any medication prescribed by a qualified health care professional shall specify the drug name, strength, dose, route, frequency, discontinuation date and indication for use if the medication is intended to be used as needed. Medication shall not be prescribed for an indefinite period. The qualified health care professional shall review medication regimens at specified time intervals. An order to continue or discontinue any medication shall be documented in the medical record, which will supersede any earlier orders for that medication. A healthcare professional's signature shall be required on all verbal orders within 72 hours of the order.

(b) Any medication prescription that is not complete or is questionable shall not be prepared until clarification is received from a qualified health care professional. Staff shall make an effort to obtain prescription clarification in a timely manner.

(c) Medication shall only be ordered upon approval of the contract medical provider. Medication shall be prescribed and ordered from the facility list of approved medications unless the contract medical provider approves otherwise.

(d) Some inmates may be permitted to possess and self-administer some medications when monitored and controlled, in accordance with this policy.

(e) Apparent adverse drug reactions shall be recorded in the inmate’s health record by the qualified health care professional.

(f) The qualified health care professional shall notify the Shift Supervisor of all known medication errors in a timely manner. Medication error reports shall be completed on all known medication errors.

733.5 PER DOSE MEDICATION ADMINISTRATION

Psychotropic medication, controlled substances, tuberculosis (TB) medication, seizure medication and those listed as directly observed therapy (DOT) shall be administered to inmates on a per dose basis. Health-trained custody staff members may administer medication on the order of the contract medical provider or a qualified health care professional.

(a) Each medication ordered on a per dose basis for individual inmates shall be kept in the medication room of the facility.

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(b) Medication dispensing envelopes bearing the inmate's name, booking number, housing location and the medication and its dosing schedule shall be generated for each inmate receiving per dose medication. These shall be administered from the individually packaged supply and delivered to the patient at each scheduled medication time.

(c) The qualified health care professional will confirm the inmate's identity prior to administering the medication by comparing the name/booking number on the dispensing envelope with the inmate's identification badge/armband.

1. Inmates should have a fluid container and adequate fluid to take the medication being administered.

2. The qualified health care professional should observe the inmate taking the medication to prevent "cheeking" or “palming”.

3. The qualified health care professional should inspect the inmate's mouth after the inmate swallows the medication to ensure it was completely ingested. If the inmate appears to be "cheeking" the medication, a chart entry will be made and a notation entered on the medication envelope, as well as the back of the Medication Administration Record (MAR).

(d) The qualified health care professional shall record each medication administered by initialing the appropriate date and time. The qualified health care professional shall authenticate the initials by placing his/her initials, signature or name stamp in the designated area on the lower portion of the MAR. Pre-charting is not allowed.

1. In the event that medication cannot be administered (for example, the inmate is in court or the medication is not in stock), a note explaining the situation and planned action shall be made on the back of the MAR or on a progress note.

(e) The qualified health care professional shall have inmates who refuse their medication sign a refusal form at the medication round. If the inmate willfully refuses to sign the refusal form, the qualified health care professional shall advise custody staff, who should attempt to resolve the situation through voluntary compliance by reminding the inmate that a refusal to sign may lead to disciplinary action. The qualified health care professional shall also:

1. Note the refusal on the medication log including the date and time.

2. Review the medication logs for prior refusals.

3. Document patterns of refused medications on the inmate’s medical record.

4. Make a reasonable effort to convince the inmate to voluntarily continue with the medication as prescribed.

5. Report continued refusals to the contract medical provider and have the inmate complete and sign a medication refusal form.

(f) No inmate should be deprived of prescribed medication as a means of punishment.

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733.6 SELF-ADMINISTRATION OF MEDICATION

Upon approval of the contract medical provider or qualified health care professional, inmates may be allowed to self-administer prescribed medication other than psychotropic medication, seizure medication, controlled drugs, TB medication or any medication that is required to be DOT or has the recognized potential for abuse.

The qualified health care professional ordering medication should educate the inmate regarding potential side effects and the proper use of the medication.

(a) Medication may be ordered through a pre-booking examination or medical clearance obtained at a hospital or other clinic, an emergency room visit or evaluation by an on-site qualified health care professional.

(b) Any questions the inmate may have concerning his/her medication should be addressed at this time.

(c) The inmate shall be instructed to carry medication at all times or to secure it in designated areas within the housing unit.

(d) All self-administered medications are to be documented on the MAR.

(e) Upon receipt of the medication, the qualified health care professional or health-trained custody staff member should issue the inmate his/her medication as follows:

1. The qualified health care professional or health-trained custody staff member issuing the medication should confirm correct identity by comparing the name/ booking number of the self-administer package to the inmate's identification badge/armband.

2. When issuing self-administered medication, documentation on the MAR should include the number of pills issued and the qualified health care professional or health-trained custody staff member’s initials.

(f) The continuous quality improvement coordinator should monitor inmate compliance by randomly interviewing inmates about the name, purpose, dose, schedule and possible side effects of their prescription medication and will inspect the inmates' self-administered medication and review their medical records. Any violation of the rules will be reported to the custody liaison.

(g) Any self-administered medication may be changed to per-dose at the discretion of the medical staff if the inmate is not responsible enough to self-administer the medication or has a history of frequent rule violations. Documentation in the medical record should accompany any decision to change the medication to per-dose. Custody and health care staff should continuously monitor and communicate with each other regarding inmates complying with the conditions and rules for self-administered medication.

(h) Inmates who arrive at the facility with prescribed medication should be administered per-dose for any new medications or refills until the new medication or refill is received from the pharmacy.

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733.7 NON-PRESCRIPTION MEDICATION

Any over-the-counter non-prescription medication available to inmates for purchase in the facility commissary shall be approved jointly by the Chief Deputy of Corrections and the contract medical provider and shall be reviewed annually.

The Chief Deputy of Corrections and the contract medical provider should establish a limit on the amount of non-prescription medication an inmate may purchase and have in his/her possession at any time. Inmates with medication in an amount above the proscribed limit may be subject to disciplinary sanctions.

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